between these two classes of sounds than these, and are surprised that Dr. Fothergill has entirely omitted all mention of it.

The treatment of hypertrophy, dilatation, and valvular diseases of the heart is discussed in a separate chapter. Dr. Fothergill is well known as an advocate for the administration of digitalis in all cardiac maladies in which it seems desirable to increase the force of the heart's contraction. He even goes so far as to deprecate the fear of its cumulative action, attributing to this fear the occasional discontinuance of the medicine before it has exerted its full influence upon the heart. Belladonna possesses, he thinks, some of the properties of digitalis, and may sometimes be given to supplement it, and this is also true of scoparium and squills. All these agents increase ventricular contraction, and are indicated whenever the heart is acting feebly, because—1. More perfect ventricular contraction causes a larger bulk of blood to be thrown into the arteries at each systole. 2. This produces more perfect arterial distension. 3. This, in the elastic arteries, leads to more perfect recoil. 4. The aortic systole is the propelling power into the coronary circulation, and more perfect recoil leads to improved coronary circulation; and 5. This conduces to more perfect nutrition of the heart itself.

A large portion of the book is devoted to the discussion of the relations existing between diseases of the kidneys and those of the heart. The author adopts the views of Dr. George Johnson in regard to the existence of hypertrophy of the walls of the arterioles in Bright's disease. This condition of the small arteries renders necessary an increase of the propulsive power of the heart, and hence we frequently have hypertrophy of the left ventricle present at some time or other during the continuance of this disease. Unfortunately this hypertrophy soon gives place to dilatation, which in its turn tends to produce fresh lesions of the kidneys. Diseases of the heart, originating from other causes, are, moreover, in the author's opinion, a frequent source of cirrhosis of the kidneys, in consequence of the congestion which they produce, giving rise to an increased growth of connective tissue.

The concluding chapter is devoted to the consideration of "The Elements of Prognosis in Heart Disease," but our limits will only allow us to say in regard to it, that it contains many valuable suggestions.

In the chapter on "Nervous Diseases of the Heart," Dr. Fothergill introduces, in a highly complimentary manner, a long extract from Dr. Da Costa's admirable article on "Irritable Heart," which appeared in the number of this Journal for January, 1871. The book contains several illustrations, the best of which is a wood-cut, showing the outline of the percussion dulness of the heart, taken from Von Dusch's book.

J. H. H.

ART. XXIX.—*Cancerous and other Intra-thoracic Growths, their Natural History and Diagnosis:* being the substance of the Lumleian Lectures delivered before the Royal College of Physicians of London, by JAMES RISDON BENNETT, M.D., Fellow, Senior Censor, and Representative of the College in the General Medical Council; Consulting Physician to St. Thomas's Hospital, etc. With five plates. 12mo. pp. viii., 189. London: J. & A. Churchill, 1872.

INTRA-THORACIC cancer, though comparatively rare, is of sufficiently frequent occurrence to render its clinical history and diagnosis a study of practical importance to the physician. The remark of Stokes, concerning cancer of the lung, made some thirty years ago, "that as yet almost nothing has been done in establishing the diagnosis of this disease," is no longer true, and the literature of the subject has since then been enriched by Mr. Stokes himself, and other distinguished observers.

In the book before us, Dr. Bennett has tabulated thirty-nine cases of intra-thoracic cancer, and a study of them shows that the middle periods of life are those in which the disease appears to be most commonly met with; that the encephaloid is the most frequently occurring form of the disease, and the scirrhous the least. Irrespectively of mediastinal tumours, or such as originate in the bronchial glands, all the pulmonary tissues may be the seat of cancerous disease—the investing serous membrane, the substance of the lungs, and the bronchi; so that the leading symptoms may present the characters either of pleuritic, pneumonic, or bronchial disease, and their results.

The diagnosis of intra-thoracic growths is still shrouded in difficulty. All attempts to lay down precise rules for their differential diagnosis based on the physical signs alone, have appeared to Dr. Bennett, little more than waste of time. Indeed almost every case presents peculiarities of its own; and this great diversity of symptoms constitutes the principal difficulty in diagnosis.

It is in the early stages that the symptoms of intra-thoracic cancer are most obscure. The cancerous cachexia is frequently absent until a very late period, or even throughout the whole course of the disease, when the disease has not extended to other organs, particularly those of digestion. Failure of appetite without sufficient assignable cause, and gradually increasing and often marked debility, with quickening of the pulse, are noticed. Then in many cases there is detected evidence of bronchial irritation (and this, whether the lungs have or have not been early implicated) and cough with or without expectoration. The next earliest symptom given by our author is dyspnœa on exertion, which like the cough may early assume a paroxysmal character. On the other hand, the patient may for a long time be quite free from any local subjective symptom even though the growth may have attained to a considerable size.

Physical signs will in most cases be wanting altogether until the disease has made considerable progress, and when the lungs are invaded, physical examination will not always tell us of the fact, nor even whether it be by fluid or by a solid mass that the pleural cavity is filled. A low temperature is usually considered to characterize cancer, but our author finds that increase of temperature may attend the rapid growth of miliary or diffused cancerous deposits. The progress of cancerous disease Dr. Bennett states to be always continuous. Intra-thoracic growths are occasionally met with, which are not cancerous in their nature, but which, during life, are not easily distinguished from cancer. "Scrofulous enlargement of the bronchial gland, hydatid disease, enlargement of the thymus and thyroid glands, have all been mistaken for cancer."

From this bare outline the reader will perceive the difficulty of determining the presence of intra-thoracic cancer, especially in its early stages, and he will appreciate the laudable effort of Dr. Bennett to define the natural history and diagnosis of these growths. But we must not mistake difficulties for impossibilities. "In every instance," Dr. Bennett says, "we must take into careful consideration the history of the case and the order of succession of the phenomena, together with the existing physical signs, and it will generally be found that these do not harmonize with any of the more ordinary forms of disease. By a vigorous application of the principle of exclusion we may often come to a tolerably confident diagnosis even in cases presenting great complexities and difficulty." I. M. H.